

Application for Renewal of North Carolina Sleep Products Sanitizer's License

Sleep Products Section

North Carolina Department of Agriculture & Consumer Services, Structural Pest Control & Pesticide Division

Company Name		Registration Number
Street Address (Box Number, Street Address, Rural Route, or Other)		
City, State, Zip (City, Town or Post Office, State and Zip Code)		
Contact Person (Name and Title)		
Telephone Number	Fax Number	E-mail Address

The following questions will be used to assess your business volume in North Carolina for the 2010 calendar year, in order to determine your bedding sanitizer's fee.

1. Enter the number of pillows and decorative pillows sanitized during 2010.	1	
2. Enter the number of comforters sanitized during 2010.	2	
3. Add boxes 1 and 2. Put the total here.	3	
4. Divide the total in box 3 by the number 5 (five). If this results in a fraction, round it off to the next highest number. Put the result here.	4	
5. Enter the number of mattresses and upholstered springs sanitized during 2010.	5	
6. Enter the number of sleeping bags sanitized during 2010.	6	
7. Enter the number of sleeping pads sanitized during 2010.	7	
8. Enter the number of cushions sanitized during 2010.	8	
9. Enter the number of padded or stuffed items designed to be commonly used for reclining or sleeping, including studio couches and sofa beds, which were sanitized during 2010.	9	
10. Add boxes 4 through 9. Put the total here.	10	
11. The fee for each item in box 10 is 5.2 cents. Multiply the total in box 10 by 0.052 and put the results here.	11	
12. If the amount in box 11 is greater than \$50.00, put that amount in box 12. If the amount in box 11 is less than or equal to \$50.00, put \$50.00 in box 12.	12	

The amount in box 12 is your 2011 North Carolina Sleep Products Sanitizer's License Fee. This fee, this completed form (signed and dated), and a sample law label, **MUST** be received by Sleep Products Section no later than the last day of February 2011 in order to prevent products from being removed from sale.

This is to certify that I have examined this application and have determined that the information contained therein is correct:

Signed: _____ Date: _____
Chief Financial Officer

Name Printed: _____ Federal Tax ID Number/EIN: _____
(Required)

Make checks payable to: Sleep Products Section

Mail check, application and sample law label to:
SLEEP PRODUCTS SECTION
1631 MAIL SERVICE CENTER
RALEIGH NC 27699-1631

FOR OVERNIGHT DELIVERIES MAIL TO:
SLEEP PRODUCTS SECTION
ROOM 208, 3825 BARRETT DRIVE
RALEIGH NC 27609

PLEASE BE ADVISED THAT A SERVICE CHARGE OF \$25.00 WILL BE CHARGED ON ALL RETURNED CHECKS.

For more information contact Sleep Products Section
Phone: 919-571-4814, Fax: 919-571-4967, <http://www.ncagr.gov/SPCAP/sleep/>